

Patent Attorney's Docket No. <u>032722-421</u>

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Pa	tent Application of	)					
Richard A. NAZARIAN et al.			Group Art Unit: 2635				
Application No.: 09/030,989			Examiner: B. Zimmerman				
	February 26, 1998	)					
	ADAPTER POD FOR USE IN MEDICAL PERFUSION SYSTEM	) )	RECEIVED  JUN 0 7 2001  Technology Center 2600				
	AMENDMENT/REPLY	<u>Γ<b>RA</b></u>	NSMITTAL LETTER				
	nt Commissioner for Patents gton, D.C. 20231		Date: June 5, 2001				
Sir:							
En	closed is a reply for the above-identified p	atent	t application.				
[ ]	A Petition for Extension of Time is also enclosed.						
[ ]	A Terminal Disclaimer and a check for [ ] \$55.00 (248) [ ] \$110.00 (148) to cover the requisite Government fee are also enclosed.						
[ ]	Also enclosed is		·				
[ ]	Small entity status is hereby claimed.						
[ ]	Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the [] \$355.00 (279) [] \$710.00 (179) fee due under 37 C.F.R. § 1.17(e).						
	[ ] Applicant(s) previously submitted requested.	<u> </u>	on, for which continued examination is				
[ ]	Applicant(s) request suspension of action by the Office until at least _, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.						
[ ]	A Request for Entry and Consideration (146/246) is also enclosed.	of S	Submission under 37 C.F.R. § 1.129(a)				
[X]	No additional claim fee is required.		·				

Amendment/Reply Transmittal Letter Application No. <u>09/030,989</u> Attorney's Docket No. <u>032722-421</u> Page 2

[ ] An additional claim fee is required, and is calculated as shown below:

AMENDED CLAIMS						
	No. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE	
Total Claims	6	MINUS 20 =	0	× \$18.00 (103) =	0.00	
Independent Claims	3	MINUS 3 =	0	× \$80.00 (102) =	0.00	
If Amendment adds multiple dependent claims, add \$270.00 (104)						
Total Amendment Fee						
If small entity status is	claimed, subt	ract 50% of Total A	mendment Fe	e		
TOTAL ADDITIONA	L FEE DUE	FOR THIS AMEN	DMENT	T. 1	0.00	

[	]	A claim fee in the	amount of \$	is enclosed.
ſ	1	Charge \$	to Deposit Account N	lo. 02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

Ellen Marcie Emas Registration No. 32,131

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Date: June 5, 2001 \_\_\_\_

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